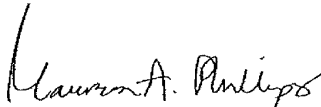


EXHIBIT 2


Flexible Premium Adjustable Life Insurance Policy

Death Benefit payable to the Beneficiary upon death of the Insured if this policy is in force. Net Cash Value payable to you upon Full Surrender. Flexible premium may be paid until the death of the Insured as described in this policy. This policy is nonparticipating; no dividends are payable on this policy.

Signed for the Company at its home office on the Policy Date.



Maureen A. Phillips
Secretary

 **DUPLICATE**

Gary C. Bhojwani
President and CEO

YOUR 30 DAY RIGHT TO EXAMINE YOUR POLICY

You may return your policy within 30 days after receiving it if dissatisfied for any reason. You may return it to the agent or our home office. We will void the policy and mail a refund of any premium you paid within 10 days of receipt.

This is a legal contract between you and the Company.

READ YOUR POLICY CAREFULLY

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

5701 Golden Hills Drive
Minneapolis, MN 55416-1297

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DUPLICATE

POLICY SCHEDULE

Coverage is guaranteed to the end of Policy Year five if the Policy Protection Test as described in the policy is met. Coverage may expire after the Guaranteed Policy Protection Period if subsequent premiums are insufficient to continue coverage.

DEDUCTED CHARGES:

Monthly Expense Charge: \$7.50 per policy, per month until the Insured attains Age 100 and \$0.10 per \$1,000 of Current Specified Amount, per month for Policy Years one through 10
Premium Charge: 5% of premium in all Policy Years

Guaranteed maximum Monthly Expense Charge: \$10 per policy, per month and \$0.10 per \$1,000 of Current Specified Amount, per month, until the Insured attains Age 100
Guaranteed maximum Premium Charge: 10% of premium in all Policy Years

SURRENDER CHARGES:

Policy Year	Amount	Policy Year	Amount
1	\$365,040.00	11	\$228,080.00
2	\$365,040.00	12	\$205,280.00
3	\$365,040.00	13	\$182,480.00
4	\$365,040.00	14	\$159,680.00
5	\$365,040.00	15	\$136,880.00
6	\$342,160.00	16	\$114,000.00
7	\$319,360.00	17	\$91,200.00
8	\$296,560.00	18	\$68,400.00
9	\$273,760.00	19	\$45,600.00
10	\$250,960.00	20	\$22,800.00
		21	\$0.00

MINIMUM PARTIAL SURRENDER AMOUNT: \$500

PARTIAL SURRENDER CHARGE: \$0.00

CREDITED INTEREST RATES:

The guaranteed interest rate used in calculating unloaned and loaned Accumulation Value is 2.00% compounded annually.

POLICY LOANS:

Preferred Policy Loan Maximum Interest Rate: 7.40% in advance

Standard Policy Loan Maximum Interest Rate: 7.40% in advance

POLICY ANNUAL BONUS RATE: Guaranteed at .25% for Policy Years 11 and later

INSURED:

POLICY NUMBER:

INITIAL SPECIFIED AMOUNT:

FIRST PREMIUM:

PLANNED PREMIUM:

MINIMUM MONTHLY PREMIUM:

DORA ZUPNICK

9320

\$8,000,000.00

\$15,192.92

\$34,726.67

\$34,726.67

PREMIUM RATE CLASS:

POLICY DATE:

MONTHLY ANNIVERSARY DATE:

PAYMENT MODE:

ISSUE AGE AND GENDER:

MAXIMUM COVERAGE AGE:

Non Tobacco

04/07/2008

07

MONTHLY

80 FEMALE

120

GUARANTEED POLICY PROTECTION PERIOD:

OWNER AND BENEFICIARY:

04/07/2008 - 04/06/2013

As named on the application or as later changed

DUPLICATE

POLICY SCHEDULE (CONTINUED)

POLICY NUMBER: 60029320

	Effective Date	Guaranteed Monthly Rider Cost Rate	Rider Specified Amount
Terminal Illness Accelerated Benefit Rider	04/07/2008	No Monthly Rider Cost Charge	
Death Benefit Protection Rider II	04/07/2008	No Monthly Rider Cost Charge	

DUPLICATE

POLICY SCHEDULE (CONTINUED)

POLICY NUMBER: [REDACTED] 9320

SPECIFIED AMOUNT INCREASES AND MINIMUMS:

If the Specified Amount is increased, a new schedule of Surrender Charges will be added. The schedule runs for 20 years from the effective date of the Specified Amount Increase. This change will be provided on a revised Policy Schedule.

Minimum Current Specified Amount: \$100,000

Minimum Specified Amount Increase: \$50,000

Last Age a Specified Amount Increase can be made effective: 80

Minimum increase in Death Benefit caused by a premium payment that will allow us to require underwriting or limit the premium is the lesser of:

- (a) \$25,000; or
- (b) two times the Death Benefit prior to the payment of the premium.

MORTALITY TABLE BASIS: 2001 Commissioners' Standard Ordinary Male or Female, Smoker or Nonsmoker Mortality Tables.

Table Multiplier: (See Table of Guaranteed Maximum Standard Monthly Mortality Cost Charge Rates) 1.00
:

PREFERRED POLICY LOANS:

Any Policy Loan or new loans in a Policy Year are preferred Policy Loans if :

- (a) the Policy Year is later than the fifth Policy Year; and
- (b) as of the previous Policy Anniversary, the average Accumulation Value on each Monthly Anniversary Date in the last 12 months is at least \$50,000; or
- (c) the Insured has attained Age 100

DUPLICATE

POLICY SCHEDULE (CONTINUED)

All Information on this page pertains to the Death Benefit Protection Rider II

Monthly Guaranteed Death Benefit Test Factors

Policy Year	Monthly Guaranteed Death Benefit Test Factors
1-10	1.008734594
11-20	1.009112468
21+	1.011714917

Monthly Rider Test Premiums

Current \$0.00
Guaranteed \$0.00

Premium Factor A: 35%
Premium Factor B: 15%
Premium Factor Limit: \$555,600.00

DUPLICATE

POLICY SCHEDULE (CONTINUED)

All Information on this page pertains to the Death Benefit Protection Rider II

Monthly Test Premiums

Attained Age	Monthly Test Premium	Attained Age	Monthly Test Premium
80	34725.04	81	25899.76
82	17074.56	83	20626.96
84	24903.28	85	29903.52
86	35676.88	87	42192.64
88	49475.28	89	57549.36
90	66292.16	91	75225.20
92	82636.72	93	90790.56
94	99760.40	95	109699.60
96	120534.64	97	132480.08
98	145591.28	99	160046.16
100+	0.00		

DUPLICATE

NOTICE
NEW JERSEY LIFE AND HEALTH INSURANCE
GUARANTY ASSOCIATION ACT

Residents of New Jersey who purchase life insurance, annuities or health insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the New Jersey Life and Health Insurance Guaranty Association.

The purpose of this association is to assure that policy holders will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of insured persons who live in this state and, in some cases, to keep coverage in force.

The valuable extra protection provided by these insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

DISCLAIMER

The New Jersey Life and Health Insurance Guaranty Association may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in New Jersey. You should not rely on coverage by the New Jersey Life and Health Insurance Guaranty Association in selecting an insurance company or in selecting an insurance policy.

Coverage is NOT provided for your policy or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as a variable contract sold by prospectus.

Insurance companies or their agents are required by law to give or send you this notice. However, insurance companies and their agents are prohibited by law from using the existence of the guaranty association to induce you to purchase any kind of insurance policy.

**The New Jersey Life and Health Insurance Guaranty Association
One Gateway Center
7th Floor
Newark, NJ 07102**

**State of New Jersey Department of Insurance
20 West State Street CN-325, Trenton, New Jersey 08625**

The state law that provides for this safety-net coverage is called the New Jersey Life and Health Insurance Guaranty Association Act, N.J.S.A. 17B:32A-1, et seq.(the "Act").

DUPLICATE

COVERAGE

The following is a brief summary of this law's coverages, exclusions and limits. This summary does not cover all provisions of the law; nor does it in any way change anyone's rights or obligations under the act or the rights or obligations of the guaranty association.

Generally, individuals will be protected by the Life and Health Insurance Guaranty Association if they live in New Jersey and hold a life, health, or long-term care insurance contract, or they are insured under a group insurance contract, issued by a member insurer.

The beneficiaries, payees or assignees of insured persons are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons holding such policies are **not** protected by this association if:

- they are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- the insurer was not authorized to do business in this state;
- the policy is issued by an organization which is not a member of the New Jersey Life and Health Insurance Guaranty Association.

The association also does **not** provide coverage for:

- any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as a variable contract sold by prospectus;
- any policy of reinsurance (unless an assumption certificate was issued);
- interest rate yields that exceed an average rate as more fully described in Section 3 of the Act;
- dividends;
- credits given in connection with the administration of a policy for a group holder;
- employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them.)

LIMITS ON AMOUNT OF COVERAGE

The act also limits the amount the association is obligated to pay out. The association cannot pay more than what the insurance company would owe under a policy or contract.

With respect to any one individual, regardless of the number of policies or contracts, the association will not pay more than \$500,000 in life insurance death benefits and present value annuity benefits, including net cash surrender and net cash withdrawal values. Within this overall limit, the association will not pay more than \$100,000 in cash surrender values for life insurance, \$100,000 in cash surrender values for annuity benefits, \$500,000 in life insurance death benefits, or \$500,000 in present value or annuities – again, no matter how many policies and contracts that were with the same company, and no matter how many different types of coverages.

The association will not pay more than \$2,000,000 in benefits to any one contract holder under any one unallocated annuity contract.

There are not limits on the benefits the association will pay with respect to any one group, blanket or individual accident and health insurance policies.

DUPLICATE

Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297



AMENDMENT TO APPLICATION

POLICY # [REDACTED] 9320

ON: Dora Zupnick

Allianz Insurance Company of North America is hereby authorized to amend my application for this policy. This amendment is to form a part of said application and a copy attached to the policy so that this policy is issued with the understanding that:

- The total line of insurance in force & applied for is \$49 million
- Face amount has been reduced to \$8,000,000
- Based on guaranteed assumptions, the policy terminates in year 13
- [REDACTED]

Since the date of the original application of this policy, the proposed insured(s) and any family members proposed for insurance in the application: (a) have not applied for insurance which was declined, postponed, or modified; and (b) have no application for insurance pending with another company; and (c) have not suffered an illness or an injury; and (d) have not consulted or been examined by a physician or practitioner; and (e) have not changed occupations EXCEPT AS FOLLOWS: *

6/5/08
DATE

Dora Zupnick

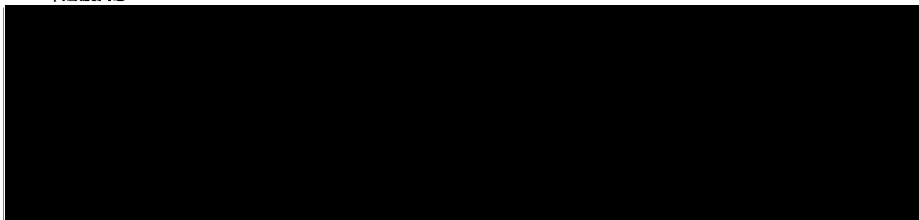
WITNESS (LICENSED AGENT)

SIGNATURE OF OWNER (IF OTHER THAN PROPOSED INSURED)

FILE COPY
NB2242

POLICY COPY

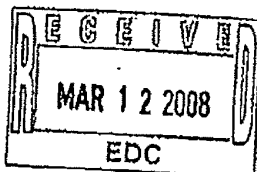
RETURN TO HOME OFFICE



PLICATE



Allianz Life Insurance Company
of North America
PO Box 59060
Minneapolis, MN 55459-0060
800.950.7372



Life Insurance Policy Worksheet

☒ New business ☐ Change to existing policy number

1. Proposed primary/first insured			
First name <u>DDRA</u>	MI	Last name <u>ZUPNICK</u>	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (mm/dd/yyyy) <u>1927</u>	Age	Social Security number
City <u>B'KLYN</u>			
State <u>N.Y.</u>		ZIP code <u>11211</u>	
Place of birth (state and country) <u>HUNGARY</u>		Driver's license number <u>Not Driving</u>	
State of issue			
If owner is other than proposed primary/first insured, or juvenile, complete Supplemental Life Insurance Worksheet NB5057-R4.			

2. Policy information		
Delivery state <u>New Jersey</u>	Specified amount (face amount) <u>10,000.000</u>	Rate class
Premium information		
Total amount submitted with Worksheet <input checked="" type="checkbox"/> None, or enter amount \$		
Frequency, check one <input type="checkbox"/> Single premium <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Semiannually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly (complete EFT authorization, and provide void check)		
Lump-sum amount (Non-1035 exchange) \$	Billed premium amount	Additional billed amount
1035 exchange amount + \$		
Total lump sum = \$	\$	\$

Is lump sum coming from a 1035 exchange of a life insurance policy? ☐ Yes ☐ No

If from a life insurance policy, was the contract that is being replaced a Modified Endowment Contract (MEC)? ☐ Yes ☐ No

3. Product information		
<input checked="" type="checkbox"/> GenDex II TM Life Insurance Policy (complete part K of Agent's Report)		
Guaranteed Death Benefit Options (GDB) check one. If a box is not selected, Option #1 will be issued.		
<input type="checkbox"/> Option #1: 10 years <input type="checkbox"/> Option #2: 20 years or to age 65 (15 years if applicant is age 75-80) <input type="checkbox"/> Option #3: To age 120		
Death Benefit Option (check one - Option B not available if GDB option #2 or #3 is selected above). If a box is not selected, Option A will be issued. <input type="checkbox"/> A (specified amount) <input type="checkbox"/> B (accumulation value payable plus specified amount)		
Definition of life insurance test (check one). If a box is not selected, GPT will be issued.		
<input type="checkbox"/> Cash value accumulation test (CVAT) <input type="checkbox"/> Guideline premium test (GPT)		
Select the following allocation in increments of "5" minimum allocation is 5%. Total must equal 100%.		
Monthly point-to-point S&P 500 %	Monthly point-to-point Nasdaq-100® %	Interest earning account %
Annual point-to-point S&P 500 %		
Optional riders		
<input type="checkbox"/> Additional Term Rider (not available with GDB option #2 or #3) Rider specified (face) amount \$		
<input type="checkbox"/> Other Insured Term Rider (not available with GDB option #2 or #3) Rider specified (face) amount \$		
<input type="checkbox"/> Waiver of Premium Rider (WOP)		
<input type="checkbox"/> Waiver of Monthly Deduction Rider (not available with GDB option #2 or #3 or if WOP selected)		
<input type="checkbox"/> Child Term Rider _____ units (\$1,000 per unit. Minimum 5 units/maximum 10 units. Issued to child(ren) ages 15 days to age 20). Available at initial application or policy anniversary after birth of first child.		
<input type="checkbox"/> Long Term Care Accelerated Benefit Rider (LTC ABR)* Rider specified (face) amount \$		
LTC monthly benefit (1-4) _____ % of rider specified amount. *LTC ABR not available in CA, KY, MA, NJ, OR, UT, VA, and WA.		

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9. Product information (continued)☐ **GenDex-RP™ Life Insurance Policy**

Death Benefit Option (issued with Death Benefit Option A only)

Select the following allocation in increments of "5" minimum allocation is 5%. Total must equal 100%.

Monthly point-to-point S&P 500 % _____ Monthly point-to-point Nasdaq-100* % _____ Interest earning account % _____
 Annual point-to-point S&P 500 % _____

☐ **GenDex Survivorship™ Life Insurance Policy**

Note: Survivorship product is a second to die policy. Insured's cannot be listed as each others beneficiaries. A separate person, corporation, or trust has to be named as the beneficiary.

Guaranteed Death Benefit Options (GDB) check one. If a box is not selected, Option #1 will be issued.

- ☐ Option #1: 10 years ☐ Option #2: 20 years or to younger applicant's age 65 (15 years if younger applicant is age 75-80)
☐ Option #3: To younger applicants age 120.

Death Benefit Option (check one - Option B and Option C not available if GDB option #2 or #3 is selected above). If a box is not selected, Option A will be issued. ☐ A (specified amount) ☐ B (accumulation value payable plus specified amount)☐ C (specified amount plus total of all premiums paid less gross partial surrender amounts)

Definition of life insurance test (check one). If a box is not selected, GPT will be issued.

- ☐ Cash value accumulation test (CVAT) ☐ Guideline premium test (GPT)

Select the following allocation in increments of "25", e.g. 0%, 25%, 50%, 75%, 100%. Total must equal 100%.

S&P 500 allocation % _____ Nasdaq-100 allocation % _____ Interest allocation % _____

Optional riders

- ☐ Waiver of Monthly Deduction Rider for proposed first insured (not available with GDB option #2 or #3)
☐ Waiver of Monthly Deduction Rider for proposed second insured (not available with GDB option #2 or #3)
☐ Estate Protection Rider
☐ First-to-Die Rider (not available with GDB option #2 or #3) Rider specified amount \$ _____

☐ **GenDex SP™ Life Insurance Policy**

Guaranteed Death Benefit Options (GDB) check one. If a box is not selected, Option #1 will be issued.

- ☐ Option #1: 10 years ☐ Option #2: 20 years or to age 65 (15 years if applicant is age 75-80) ☐ Option #3: To age 120.

Death Benefit Option (check one - Option B not available if GDB option #2 or #3 is selected above). If a box is not selected, Option A will be issued. ☐ A (specified amount) ☐ B (accumulation value payable plus specified amount)

Definition of life insurance test (check one). If a box is not selected, CVAT will be issued.

- ☐ Cash value accumulation test (CVAT) ☐ Guideline premium test (GPT)

Select the following allocation in increments of "25", e.g. 0%, 25%, 50%, 75%, 100%. Total must equal 100%.

S&P 500 allocation % _____ Nasdaq-100 allocation % _____ Interest allocation % _____

Optional riders

- ☐ Long Term Care Accelerated Benefit Rider (LTC ABR) Rider specified (face) amount \$ _____
 LTC monthly benefit (1-4) _____ % of rider specified amount. *LTC ABR not available in CA, KY, MA, NJ, OR, UT, VA, and WA

☐ **Equity Index LifeFund III™ Life Insurance Policy**☐ **Classic LifeFund II™ Life Insurance Policy (indexing not applicable - allocations should not be selected)**

Select the following allocation in increments of "25", e.g. 0%, 25%, 50%, 75%, 100%. Total must equal 100%.

S&P 500 allocation % _____ Nasdaq-100 allocation % _____ Interest allocation % _____

Death Benefit Option. If a box is not selected, Option A will be issued.

- ☐ A (specified amount) ☐ B (accumulation value payable plus specified amount)

Do you have a spouse? ☐ Yes ☐ No If Yes, do you desire spousal coverage? ☐ Yes ☐ No

If Yes, please provide spouse's name and date of birth. If No, a spouse can be added at a later date subject to underwriting.

First name	MI	Last name
------------	----	-----------

Date of birth (mm/dd/yyyy) _____ Do you have children? ☐ Yes ☐ No If Yes, complete Supplemental Worksheet NB5057-R4.**DUPLICATE**

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8. Product information (continued)☒ Generation Planner II™ Life Insurance Policy (issued with Death Benefit Option A only).**Optional riders**☐ Long Term Care Accelerated Benefit Rider (LTC ABR)¹

Rider specified amount \$ _____

LTC monthly benefit (1-4) _____ % of rider specified amount.

☐ Waiver of Premium Rider☐ Child Term Rider _____ units (\$1,000 per unit. Minimum 5 units/maximum 10 units. Issued to child(ren) ages 15 days to age 20). Available at initial application or policy anniversary after birth of first child (see Section 10).¹LTC ABR not available in CA, KY, MA, NJ, OR, UT, VA, and WA.☐ 10 Year Term Life Insurance Policy ☐ 20 Year Term Life Insurance Policy**Optional rider** ☐ Waiver of Premium Rider

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4. Proposed primary/first and second insured's beneficiary: percentage must equal 100% for primary and 100% for contingent. Note: Distribution will be made equally to the survivor(s) unless otherwise noted.

First name	Last name	Relationship
<input type="checkbox"/> Primary	Percentage	
<input type="checkbox"/> Contingent		
First name	Last name	
<input type="checkbox"/> Primary	Percentage	Relationship
<input type="checkbox"/> Contingent		
First name	Last name	
<input type="checkbox"/> Primary	Percentage	Relationship
<input type="checkbox"/> Contingent		
First name	Last name	

5. Proposed primary insured's beneficiary if not an individual: percentage must equal 100% for primary and 100% for contingent.

<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input checked="" type="checkbox"/> Trust <input type="checkbox"/> Corporation <input type="checkbox"/> Sole proprietorship
Trust/Business name (if applicable)	If trust is named, provide trustee's first and last name
ZUPNICK Family DB TR A	Abraham Lupnick
Percentage	Date of trust (mm/dd/yyyy)
100%	3/6/08
	Tax or employer ID number (if available)
	[REDACTED]

6. Proposed primary/first insured's medical information (must always be completed)

Name of proposed primary/first insured's physician/medical family	Preferred phone number
[REDACTED]	[REDACTED]
Address	
[REDACTED]	
City	State
Brooklyn	NJ
ZIP code	
11211	

Within the past 12 months, has the proposed primary/first insured received treatment or advice from a member of the medical profession for heart disease, diabetes, stroke, or cancer? ☒ Yes ☐ No

DUPLICATE

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7. Replacement

Does the proposed primary/first insured have a(n) existing:

1. Annuity contracts? ☐ Yes ☒ No
2. Life insurance? ☒ Yes ☐ No If Yes, will the life insurance being considered replace or change existing contracts or policies? ☐ Yes ☒ No
Amount of life insurance in force or applied for? \$25 million
3. Long term care (LTC) policies? ☐ Yes ☒ No If Yes, will the LTC insurance being considered replace or change existing long term care insurance contracts or policies? ☐ Yes ☐ No

8. Illustration certification - The agent's statement and the proposed owner's statement must both be completed if a signed illustration is not being submitted with this Worksheet or if the illustration differs from the policy described on this Worksheet.**Agent's statement -** By signing this Worksheet, I acknowledge that (check the following that apply):

- ☒ I did not provide an illustration
- ☐ The policy described in this Worksheet differs from the policy illustrated.
- ☐ I displayed a computer screen illustration that complies with state requirements and for which no paper copy was furnished.

Proposed owner's statement - By signing this Worksheet, I/we acknowledge that (check the following that apply):

- ☒ I/we did not receive an illustration conforming to the policy described on this Worksheet.
- ☐ I/we received an illustration for the policy. However, the illustration differs from the policy described on this Worksheet.
- ☐ I/we viewed a computer screen illustration based on the information stated above. No paper copy of the illustration was furnished.
- ☐ I/we understand that an illustration conforming to the policy as issued will be provided to me/us no later than at the time the policy is delivered.

The computer screen illustration was based on the following: (complete 1-3 for each proposed primary/first and second insured)

1. ☐ Male ☐ Female 2. Age _____ 3. Underwriting or rating class _____
☐ Male ☐ Female Age _____ Underwriting or rating class _____
4. Type of policy, _____ 5. Initial Death Benefit \$ _____
6. The guaranteed interest rate is _____ % Current non-guaranteed interest rate is _____ %
7. Number of policy years illustrated _____ Premium amount \$ _____ Number of Years of premium _____

9. Client interview set up - please read form NB5026 WS to prepare your client for the phone interview.

Best time to call	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Preferred day to call	Phone number ()	<input type="checkbox"/> Work <input type="checkbox"/> Home
Special requests	Alternate phone number (optional) ()			
<input type="checkbox"/> Hearing impaired <input type="checkbox"/> Interpreter needed; language _____				

DUPLICATE

10. Acknowledgement and signatures

I have received the Medical Information Bureau disclosure and investigative consumer report notice, form number NB5025.

Proposed primary/first insured's signature DORA ZUPNICKProposed owner's signature [Signature]

Proposed other/second insured/spousal's signature _____

Primary beneficiary's(ies) for proposed primary/first and second insured/proposed other insured(s) consent (only required in AK, AZ, CA, ID, LA, NM, NV, TX, WA, and WI) This is a community property state. By signing below, I waive my Community Property Interest and give my consent for someone other than myself to be designated as primary beneficiary to this policy.

Spousal consent(s) _____

To be answered by a licensed agent: By signing below, I certify that the statements of the proposed owner(s) have been correctly recorded in this Worksheet, and that I have reviewed a driver's license or other government issued ID to verify the identity of all proposed insureds and owner, if different. If a form of government ID other than a driver's license was reviewed, please specify the type of document (such as Social Security card, birth certificate, or passport). Please Note: While reviewing the driver's license or other form of ID is preferred, this is not required for the 10 and 20 Year Term products.

Type of document reviewed _____

To the best of my knowledge, the insurance being considered in this Worksheet ☐ will ☒ will not replace existing insurance.Today's date (mm/dd/yyyy) 3/11/08Writing agent's signature [Signature]**DUPLICATE**

Allianz Life Insurance Company
of North America
PO Box 59060
Minneapolis, MN 55459-0060
800.950.7372



Agent's Report

I have verified the applicant's identity by reviewing a driver's license (required).

License number _____

State of issue _____

A. Agent Information (for additional agents, please complete Agent's Report "Remarks" section)

Agent's first name <u>HORHAN</u>	MI <u></u>	Agent's last name <u>Friedman</u>
Phone number <u></u>	Agent number <u>0107</u>	Split percentage <u>100</u>
Agent's first name <u></u>	MI <u></u>	Agent's last name <u></u>
Phone number <u></u>	Agent number <u></u>	Split percentage <u></u>

B. How long have you known the proposed primary/first insured? 5 yr Proposed second insured? _____
 The proposed primary/first insured is ☐ Single ☒ Married ☐ Divorced ☐ Widowed
 The proposed primary/secondary insured is ☐ Single ☐ Married ☐ Divorced ☐ Widowed
 Is the proposed primary/first insured and/or second insured related to you or your spouse? ☐ Yes ☒ No
 If Yes, which insured and relationship? (if applicable) _____

C. Do you know of any information not given in the Worksheet which might affect the insurability of any person to be insured? ☐ Yes ☒ No
 If Yes, please explain in "Remarks" section _____

D. NOTE: The Home Office will schedule all necessary requirements with your client unless the following box is checked Yes.
 Have any of the following medical requirements been ordered? ☐ Yes ☒ No If Yes, which applies? ☐ Physical measurements (PMD)
☐ Full blood profile (BLDPF) ☐ Home Office urine specimen (HOS) ☒ EKG ☐ Other, please specify _____

Exam scheduled with Paramedical Company _____ Phone (____) _____

E. What is the purpose of the proposed insurance coverage?

Personal insurance

- ☐ Final expenses ☐ Charitable giving
☐ Mortgage protection ☐ Income replacement
☐ Retirement income needs ☐ Other—explain in "Remarks"
☒ Estate conservation

Business insurance

- ☐ Deferred compensation ☐ Buy/Sell
☐ Key person ☐ Business continuation
☐ Split dollar ☐ Loan indemnification
☐ Executive Bonus ☐ Other—explain in "Remarks"

F. Who is the payor on this policy? ☐ Proposed primary insured ☒ Proposed owner ☐ Other If other, please provide the following details _____

First name <u></u>	MI <u></u>	Last name <u></u>
Date of birth (mm/dd/yyyy) <u></u>	Social Security number <u></u>	
Residence address (street required) <u></u>		
City <u></u>	State <u></u>	ZIP code <u></u>

G. Was a prequalification completed? ☐ Yes ☒ No If Yes, please list code _____

H. Will any portion of the premium for this insurance be financed? ☐ Yes ☒ No If Yes, please provide details, include source of funding and type of loan (recourse vs. non-recourse): _____
 Note: Premium financing plan(s) must be approved by Allianz. If you do not have prior approval, please submit all sales/marketing materials.

I. To the best of your knowledge, has this client(s) sold, viaticated or settled any previous life insurance contracts? ☐ Yes ☒ No
 To the best of your knowledge, does this client(s) have any intention to sell or settle this contract, if issued? ☐ Yes ☒ No
 If Yes to either of the above question, please provide details: _____

J. What commission choice are you selecting? (Please check only one option. Refer to the GenDex II™ Agent Guide or call the FASTeam at 800.950.7372 if questions on these options). ☐ Option A ☐ Option B

K. Special requests/Remarks: _____

NB5089

Return to Home Office

NB5089-00 V2
(R-5/2007)

DUPLICATE

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

Terminal Illness Accelerated Benefit Rider

The Company has issued this Rider as a part of the Entire Contract. If there are any conflicts between this Rider, the Base Policy, any other Riders or any other endorsements attached to the Base Policy, the provisions of this Rider will prevail.

Receipt of these Accelerated Benefits may be taxable. Assistance should be sought from a professional tax advisor.

CONSIDERATION

We have issued this Rider in consideration of the application. A copy of the application is attached to the Base Policy.

**ACCELERATED
BENEFIT**

Notice requesting an Accelerated Benefit must be provided to our home office. The maximum Accelerated Benefit amount you may request is the lesser of:

1. \$1,000,000; or
2. 100% of the Eligible Amount.

If you accelerate less than 100% of the Eligible Amount, the minimum remaining amount must be at least \$10,000.

The minimum amount you may request is \$10,000.

The payment to you will equal the requested Accelerated Benefit amount discounted for one half year's interest using the Preferred Policy Loan Interest Rate shown on the Policy Schedule.

DEFINITIONS

Definitions specific to this Rider that are not in the Base Policy follow.

Base Policy

The policy to which this Rider is attached.

Base Policy Attributes

The Current Specified Amount, Accumulation Value, Planned Premium, the portion of the Minimum Monthly Premium attributable to insurance coverage from the Base Policy, Surrender Charge, and Policy Loans at a given point in time.

Due Proof

The information or evidence submitted to us sufficient to satisfy us of the existence of a fact or condition.

Eligible Amount

The Death Benefit of the Base Policy plus any Rider Specified Amount of the Additional Term Rider, less any Policy Loans.

Family Member

Includes your spouse or the Insured's spouse. It also includes your or your spouse's or the Insured's or the Insured's spouse's: daughter, son, parent, sister, brother, grandparent or grandchild; and the same degree of relationship as effected by a common law marriage if recognized in the state where you or the Insured reside.

Physician

Physician is a person who:

1. is licensed to practice medicine or surgery and prescribe and administer drugs; and
2. is legally qualified as a medical practitioner and required to be recognized according to applicable state insurance laws.

We consider a person to be a Physician only when the person is performing tasks that are within the limits of the person's medical license, and such tasks are appropriate to the care of the Insured. We will not recognize you, the Insured or a Family Member as a Physician for claims made under this Rider.

DUPLICATE

Terminal Illness	Is a diagnosis by a Physician of a medical condition that is expected to result in death of the Insured within 12 months, or less.
CONDITIONS OF ELIGIBILITY	<p>An Accelerated Benefit will be payable to you if all of the following requirements are met:</p> <ol style="list-style-type: none"> 1. Due Proof has been received by us of the Insured's Terminal Illness. 2. The Base Policy, any Additional Term Rider (if the Accelerated Benefit amount is from that rider) and this Rider were in force at the time of a diagnosis of Terminal Illness. 3. None of the limitations and exclusions in the Limitations and Exclusions section of this Rider applies. 4. If the Base Policy is assigned, the assignee has agreed in writing for you to receive the benefit; otherwise the benefit will be payable to the assignee. 5. If an irrevocable Beneficiary has been named, the irrevocable Beneficiary has agreed in writing for you to receive the benefit. 6. The Insured is living at the time when all requirements, (1) through (5) above, are met.
REDUCTION OF THE RIDER SPECIFIED AMOUNT AND MINIMUM MONTHLY PREMIUM OF ANY ADDITIONAL TERM RIDER	If an Additional Term Rider is in effect, the Accelerated Benefit amount will apply to that Rider before it applies to the Base Policy. A payment will reduce the Rider Specified Amount of the Additional Term Rider by the amount of the Accelerated Benefit. The Minimum Monthly Premium will be reduced by the Minimum Monthly Premium attributable to the Accelerated Benefit amount of the Additional Term Rider.
REDUCTION OF BASE POLICY ATTRIBUTES	<p>If an Accelerated Benefit is paid from the Base Policy, the Base Policy Attributes will each be reduced by an amount equal to (a) multiplied by (b) divided by (c), where:</p> <p>(a) is the amount of the Base Policy's Attribute on the date an Accelerated Benefit is paid; (b) is the Accelerated Benefit amount; and (c) is the Base Policy's Death Benefit less any Policy Loans, as of the Accelerated Benefit payment date.</p> <p>Each Annual Report will include a statement showing the effect of any Accelerated Benefit payment.</p> <p>Accidental death benefit coverage, if any, will not be affected by benefits paid by this Rider.</p>
REQUIREMENTS FOR PROOF OF OCCURRENCE	For Due Proof of occurrence of Terminal Illness, we must be furnished a diagnosis of a Terminal Illness by a Physician, including documentation supported by clinical, radiological, histological and laboratory evidence of the diagnosis. The Due Proof of occurrence must be satisfactory to us and we may require, at our expense, an examination or tests by a Physician of our choice.
NOTICE OF CLAIM	<p>Notice of Claim must be given within 90 days after a diagnosis of a Terminal Illness has been made or as soon as reasonably possible thereafter. Notice of Claim must be given no later than one year from the time specified unless you were legally unable to act.</p> <p>The Notice can be given to us at our address shown on the front page of the Base Policy or to any one of our agents. Notice should include the Insured's name and the policy number.</p>
CLAIM FORMS	When we receive a Notice of Claim, we will send you forms for filing a claim.
PRE-EXISTING CONDITION LIMITATIONS	Benefits are not payable for any Terminal Illness that occurs within the 30 days immediately following the Rider Date, unless it is caused by accident.

DUPLICATE

**LIMITATIONS AND
EXCLUSIONS**

Only one Accelerated Benefit payment is available during the life of the Base Policy.

No benefits under this Rider will be provided for any claim filed outside of the filing limitation described in the Notice of Claim provision or for any loss that is caused by or occurs as a result of:

1. intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane;
2. an act of war, declared or undeclared, or during service in any of the armed forces;
3. participation in, or attempting to participate in, a felony, riot or insurrection; or the voluntary misuse of alcohol or taking of drugs. This exclusion does not apply if the drugs are administered by a Physician or taken according to a Physician's instructions.

RIDER DATE

The Effective Date of this Rider is shown on the Policy Schedule.

TERMINATION

This Rider will terminate if the Base Policy terminates.

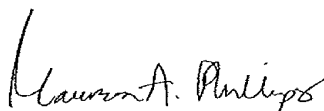
REINSTATEMENT

In addition to the provisions of the Base Policy relating to reinstatement, this Rider will be Reinstated at the same time the Base Policy is Reinstated.

**NO DIVIDENDS ARE
PAYABLE**

This Rider does not participate in our profits or surplus.

In all other respects the provisions, conditions, exceptions and limitations contained in the Base Policy remain unchanged and apply to this Rider. Signed for the Company in Minneapolis, Minnesota.



Maureen A. Phillips
Secretary


DUPLICATE

Gary C. Bhojwani
President and CEO

DEATH BENEFIT PROTECTION RIDER II

The Company has issued this Rider as a part of the Entire Contract. If there are any conflicts between this Rider and the Base Policy, the provisions of this Rider will prevail.

CONSIDERATION	This Rider is issued in consideration of the application.
DEFINITIONS	Definitions specific to this Rider that are not in the Base Policy follow.
Base Policy	The policy to which this Rider is attached.
Annual Paid Premium Basis	Premium applied since 21 days prior to the most recent Policy Anniversary.
Annual Test Premium Basis	The sum of all Monthly Test Premiums and Monthly Rider Test Premiums on or since the most recent Policy Anniversary. These premiums are shown on the Policy Schedule.
GUARANTEED DEATH BENEFIT	The Base Policy will not enter the Grace Period on any Monthly Anniversary Date prior to the Insured's Age 120 if the Guaranteed Death Benefit Test has been met.
GUARANTEED DEATH BENEFIT TEST	<p>The Guaranteed Death Benefit Test will be met on each Monthly Anniversary Date if the Test Value is greater than or equal to any Policy Loans.</p> <p>The Test Value on the Monthly Anniversary Date will be the value of the calculation below.</p> <p>The Test Value equals $\{A + B - C\}$ multiplied by D where:</p> <ul style="list-style-type: none"> A. Is the result of (a) minus (b) where: <ul style="list-style-type: none"> (a) Is the Test Value immediately prior to this calculation, zero on the Policy Date; and (b) Is any Gross Partial Surrender Amounts taken since the prior Monthly Anniversary Date. B. Is the result of (a) minus the sum of (c) and (d) where: <ul style="list-style-type: none"> (a) Is premium applied since the prior Monthly Anniversary Date; (b) Is the lesser of (a) or the result of the Annual Paid Premium Basis minus the Premium Factor Limit; (c) Is Premium Factor A multiplied by (a); and (d) Is Premium Factor B multiplied by (b), but not less than zero. C. Is the result of (a) minus the sum of (c) and (d) where: <ul style="list-style-type: none"> (a) Is the Monthly Test Premium plus the current Monthly Rider Test Premium; (b) Is the lesser of (a) or the result of the Annual Test Premium Basis minus the Premium Factor Limit; (c) Is Premium Factor A multiplied by (a); and (d) Is Premium Factor B multiplied by (b), but not less than zero. D. Is the Monthly Guaranteed Death Benefit Test Factor.

Premium Factor A, Premium Factor B, Premium Factor Limit, and Monthly Guaranteed Death Benefit Test Factors are shown on the Policy Schedule.

DUPLICATE

CHANGE OF VALUES If there is a change in any of the following items, the Monthly Test Premiums and/or the guaranteed Monthly Rider Test Premiums will change:

- (a) Current Specified Amount of the Base Policy;
- (b) Any Rider Specified Amount; or
- (c) Premium Rate Class of the Insured.

The current Monthly Rider Test Premiums may also change, up to the guaranteed Monthly Rider Test Premiums, based on Rider charge changes for any other Riders attached to the Base Policy, or based on future expectations of investment earnings, mortality, persistency, expenses, and taxes. Any change made will apply to all like contracts in the same Premium Rate Class.

The Monthly Guaranteed Death Benefit Test Factors will change if either of the following change:

- (a) Current Specified Amount; or
- (b) Premium Rate Class of the Insured.

A new Policy Schedule will be sent upon our completion of any of the above changes.

GRACE PERIOD While this Rider is in effect, the Grace Period will begin on the latest of the Monthly Anniversary Date when:

- (a) The Guaranteed Death Benefit Test has not been met;
- (b) The Net Cash Value is less than the Monthly Deductions; or
- (c) The Net Cash Value is zero or less.

RIDER DATE The Effective Date of this Rider will be the date shown on the Policy Schedule.

TERMINATION This Rider will terminate:

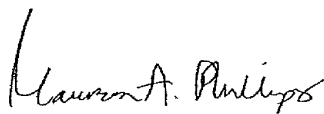
- (a) If the Base Policy terminates; or
- (b) On the Policy Anniversary when the Insured is Age 120.

REINSTATEMENT Once this Rider is terminated, it cannot be reinstated.

NO DIVIDENDS ARE PAYABLE This Rider does not participate in our profits or surplus.

In all other respects the provisions, conditions, exceptions and limitations contained in the Base Policy remain unchanged and apply to this Rider. Signed for the Company in Minneapolis, Minnesota.

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA


Maureen A. Phillips
Secretary

 **DUPLICATE**
Gary C. Bhojwani
President and CEO

DEFINITIONS

This section provides the meaning of special terms used throughout this policy. Most of these terms are capitalized throughout this policy to help you easily recognize them. Provision titles, section titles, and terms used on the Policy Schedule are also capitalized for your convenience.

We, Our, Us or the Company	Allianz Life Insurance Company of North America. The terms We, Our, Us or the Company may not be capitalized throughout this policy.
You and Your	The owner of this policy named in the application, unless later changed. The owner may be other than the person insured. You are solely entitled to exercise all rights of this policy until the death of the Insured. The terms You and Your may not be capitalized throughout this policy.
Age	The Insured's attained age at the last Policy Anniversary. When applied to Specified Amount Increases only, Age is the Insured's age last birthday determined as of the effective date of a Specified Amount Increase and the anniversaries of such effective date.
Beneficiary	The person or entity to whom we will pay the Death Benefit if the Insured dies.
Cash Value	The Accumulation Value described in Policy Values on page 9, less any Surrender Charge.
Corridor Death Benefit	The excess of the Death Benefit over the result of the Current Specified Amount less the total of all Gross Partial Surrender Amounts.
Current Specified Amount	The sum of all Specified Amount Portions.
Due Proof	Due Proof will include a certified copy of the death certificate and proof of interest of the claimant.
Endorsement	An attachment to this policy that may provide an additional benefit or amend this policy.
Initial Specified Amount	The initial amount of life insurance on the Policy Date and shown on the Policy Schedule.
Insured	The person whose life is insured under this Policy.
Lapse	Termination of this policy due to insufficient Net Cash Value as described in the Grace Period provision.
Minimum Monthly Premium	The monthly premium used in the Policy Protection Test and is shown on the Policy Schedule.
Monthly Anniversary Date	The date of each month that corresponds to the date of the month of the Policy Date. If that date is not in a month, the last date of that month will be considered the Monthly Anniversary Date.
Monthly Rider Cost Charge	The charge for any applicable attached Rider and is deducted as part of the Monthly Deduction.
Net Cash Value	The Cash Value less any Policy Loan.
Net Premium	Premium paid by you less the Premium Charge shown on the Policy Schedule.
Notice	Our receipt of a satisfactory written request.
Planned Premium	Premium you plan to pay as shown on the Policy Schedule. You may pay more or less than the Planned Premium in any Policy Year pursuant to the Premiums provisions.

DUPLICATE

DEFINITIONS (continued)

Policy Anniversary	The Monthly Anniversary Date that occurs in the same month of each Policy Year as the Policy Date. The first Policy Anniversary is 12 months after the Policy Date.
Policy Bonus	The Policy Bonus is equal to one-twelfth of the Policy Annual Bonus Rate shown on the Policy Schedule, multiplied by the unloaned Accumulation Value.
Policy Date	Date shown on the Policy Schedule that determines the Monthly Anniversary Date, Policy Anniversaries, Policy Months and Policy Years.
Policy Loan	The total outstanding loans made on this policy, including interest paid in advance for the current Policy Year.
Policy Month	The period between a Monthly Anniversary Date and the next Monthly Anniversary Date. The first Policy Month begins on the Policy Date.
Policy Year	A period of 12 consecutive months. The first Policy Year begins on the Policy Date, and subsequent Policy Years begin on the Policy Anniversary. All Policy Years end on the day before the next Policy Anniversary.
Premium Rate Class	The rate class the Insured is assigned based on his or her insurance risk as determined through underwriting. The Insured's rate class is shown on the Policy Schedule.
Reinstate	To restore the contract after Lapse.
Rider	An attachment to this policy that provides an additional benefit and can affect the values and benefits of this policy.
Specified Amount Portion	The Initial Specified Amount or any Specified Amount Increase still in effect.

THE BENEFICIARY

Who Receives the Death Benefit	The Death Benefit will be paid to the Beneficiary when the Insured dies prior to Termination. The Beneficiary is the person or entity named in the application unless changed.
Protection of the Death Benefit	To the extent permitted by law, the Death Benefit will not be subject to the claims of the Beneficiary's creditors.
If the Beneficiary Dies	If any Beneficiary dies before the Insured, that Beneficiary's interest in the Death Benefit will end. If any Beneficiary dies at the same time as the Insured, or within 120 hours after the Insured, that Beneficiary's interest in the Death Benefit will end as if the Beneficiary predeceased the Insured. If the interest of all named Beneficiaries has ended when the Insured dies, we will pay the Death Benefit to you. If you are not living at that time, we will pay the Death Benefit to any surviving owner or to your estate.
Change of Beneficiary	You may change the named Beneficiary by sending Notice. The change will not be effective until we record it at our home office. Even if the Insured is not living when we record the change, the change will take effect retroactively as of the date it was signed. Any benefits we pay before we record the change will not be affected. An irrevocable Beneficiary must give written consent before we will change the Beneficiary.

DUPLICATE

PAYMENT OF THE DEATH BENEFIT

Proof of Death

Upon receipt of Due Proof of the Insured's death, we will send appropriate forms to the Beneficiary for completion. Settlement shall be made within 60 days after receipt of Due Proof of death. Our agents may assist the Beneficiary in filling out the forms free of charge. All claim payments will be sent from our home office.

Death Benefit

The Death Benefit will be the greater of (a) or (b), where:

- (a) Is the Current Specified Amount less the total of all Gross Partial Surrender Amounts;
or
- (b) Is the applicable factor from the Table of Death Benefit Factors multiplied by the Accumulation Value as of the date of the Insured's death.

On the Policy Anniversary when the Insured attains the Maximum Coverage Age, the Death Benefit will equal the Accumulation Value.

If required by law, interest will be paid on the Death Benefit.

The Death Benefit is subject to the Misstatement of Age provision or any attached Riders or Endorsements.

Any premium necessary to keep this policy in effect to the date of death, subject to the Grace Period provision, and any Policy Loan will be subtracted from the Death Benefit.

In no event will the Death Benefit be less than the amount necessary to qualify this policy as a life insurance contract pursuant to Section 7702 of the Internal Revenue Code.

DUPLICATE

Table of Death Benefit Factors

Insured's Attained Age	Male Juvenile	Female Juvenile	Insured's Attained Age	Male Nontobacco	Female Nontobacco	Male Tobacco	Female Tobacco
0	15.54	18.44	50	2.88	3.23	2.46	2.66
1	15.09	17.86	51	2.79	3.12	2.39	2.58
2	14.61	17.26	52	2.70	3.02	2.32	2.51
3	14.11	16.66	53	2.62	2.93	2.25	2.43
4	13.61	16.07	54	2.53	2.84	2.19	2.37
5	13.12	15.49	55	2.46	2.75	2.13	2.30
6	12.64	14.94	56	2.38	2.67	2.08	2.24
7	12.19	14.40	57	2.31	2.59	2.02	2.18
8	11.75	13.88	58	2.24	2.51	1.97	2.13
9	11.32	13.38	59	2.17	2.44	1.92	2.07
10	10.91	12.90	60	2.11	2.37	1.87	2.02
11	10.52	12.44	61	2.05	2.30	1.83	1.97
12	10.14	11.99	62	1.99	2.24	1.79	1.92
13	9.78	11.57	63	1.94	2.17	1.74	1.88
14	9.44	11.16	64	1.89	2.11	1.71	1.84
15	9.11	10.76	65	1.84	2.06	1.67	1.79
16	8.81	10.39	66	1.79	2.00	1.64	1.75
17	8.52	10.02	67	1.75	1.95	1.60	1.71
			68	1.70	1.90	1.57	1.68
			69	1.66	1.85	1.54	1.64
			70	1.62	1.80	1.51	1.61
			71	1.58	1.76	1.48	1.57
			72	1.55	1.71	1.45	1.54
			73	1.51	1.67	1.42	1.51
			74	1.48	1.63	1.40	1.48
			75	1.45	1.59	1.37	1.46
			76	1.42	1.56	1.35	1.43
			77	1.39	1.52	1.33	1.41
			78	1.36	1.49	1.31	1.38
			79	1.34	1.46	1.29	1.36
			80	1.32	1.43	1.27	1.34
			81	1.29	1.40	1.25	1.32
			82	1.27	1.37	1.24	1.30
			83	1.25	1.35	1.22	1.28
			84	1.24	1.32	1.21	1.26
			85	1.22	1.30	1.19	1.25
			86	1.20	1.28	1.18	1.23
			87	1.19	1.26	1.17	1.22
			88	1.17	1.24	1.16	1.21
			89	1.16	1.22	1.15	1.19
			90	1.15	1.20	1.14	1.18
			91	1.14	1.19	1.13	1.17
			92	1.13	1.17	1.12	1.16
			93	1.12	1.15	1.11	1.14
			94	1.11	1.13	1.10	1.13
			95	1.10	1.12	1.09	1.11
			96	1.09	1.10	1.08	1.09
			97	1.07	1.08	1.07	1.08
			98	1.05	1.06	1.05	1.05
			99	1.02	1.02	1.02	1.02
			100+	1.00	1.00	1.00	1.00

Insured's Attained Age	Male Nontobacco	Female Nontobacco	Male Tobacco	Female Tobacco
18	8.53	9.92	6.86	7.89
19	8.26	9.57	6.64	7.62
20	8.00	9.24	6.43	7.35
21	7.74	8.92	6.23	7.09
22	7.49	8.61	6.03	6.85
23	7.25	8.30	5.84	6.61
24	7.01	8.01	5.65	6.38
25	6.78	7.73	5.48	6.16
26	6.55	7.46	5.30	5.94
27	6.34	7.20	5.14	5.74
28	6.13	6.94	4.98	5.54
29	5.92	6.70	4.82	5.35
30	5.72	6.47	4.67	5.17
31	5.53	6.24	4.52	4.99
32	5.34	6.02	4.37	4.82
33	5.16	5.81	4.23	4.66
34	4.98	5.61	4.09	4.50
35	4.81	5.41	3.96	4.35
36	4.64	5.23	3.83	4.20
37	4.49	5.05	3.70	4.06
38	4.33	4.87	3.58	3.93
39	4.18	4.70	3.46	3.80
40	4.04	4.54	3.35	3.67
41	3.90	4.39	3.25	3.55
42	3.77	4.24	3.14	3.44
43	3.64	4.09	3.04	3.32
44	3.52	3.95	2.95	3.22
45	3.40	3.82	2.86	3.11
46	3.29	3.69	2.77	3.01
47	3.18	3.57	2.69	2.92
48	3.08	3.45	2.61	2.83
49	2.98	3.34	2.54	2.74

DUPLICATE

PREMIUMS

Premiums

Subject to the following conditions, we will accept any payment while this policy is in force.

1. The first premium payment may be made to our authorized representative. Any subsequent premium payment shall be sent to our home office. A receipt of payment will be sent upon Notice.
2. A minimum payment of \$25 may be made at any time prior to the Insured attaining Age 100.
3. Evidence of insurability satisfactory to us will be required if you pay a premium that will cause the Death Benefit to increase by an amount greater than or equal to the amount shown on the Policy Schedule that would allow us to underwrite such increase. If evidence is not provided or is not satisfactory to us, the entire premium subject to this described situation will be refunded and no increase will have been approved or in effect.
4. Premium received that exceeds the life insurance qualification limits under Section 7702 of the Internal Revenue Code will be refunded to you. The qualification determination will be based on our interpretation of tax law.
5. Premiums will not be accepted once the Insured attains Age 100.

Continuation of Life Insurance

Your policy will continue between premium payments at the Current Specified Amount, subject to the Guaranteed Policy Protection and Grace Period provisions.

Guaranteed Policy Protection

This policy is guaranteed to remain in force during the Guaranteed Policy Protection Period shown on the Policy Schedule if the Policy Protection Test has been met.

Policy Protection Test

This test is calculated on each Monthly Anniversary Date during the Guaranteed Policy Protection Period. The test is met if the result of (a) less (b) less (c) is greater than or equal to the sum of Minimum Monthly Premiums since the Policy Date, where:

- (a) is the sum of premiums paid;
- (b) is the sum of Gross Partial Surrender Amounts; and
- (c) is any Policy Loan.

Minimum Monthly Premiums change if:

1. you increase or decrease the Current Specified Amount;
2. you add, change or terminate a Rider; or
3. the Insured's Premium Rate Class changes.

Grace Period

If the Policy Protection Test is not met, or any time after the Guaranteed Policy Protection Period shown on the Policy Schedule, a Grace Period of 61 days starts on the Monthly Anniversary Date when the Net Cash Value is less than the Monthly Deduction or when the Net Cash Value is zero or less.

At least 30 days prior to Termination, we will send written notification to your last known address advising that the Grace Period has begun. A premium payment sufficient to keep this policy in force for three months is required and must be received prior to the last day of the Grace Period or this policy will Lapse.

If the Insured dies during the Grace Period, premium necessary to keep this policy in effect to the date of death will be subtracted from the Death Benefit.

DUPLICATE

PREMIUMS (continued)

Reinstatement of Lapsed Policy

If this policy terminates due to Lapse, this policy may be Reinstated. To Reinstated this policy, the following conditions must be met.

1. Notice for reinstatement must be made within three years from the date of Lapse and before the Insured's Maximum Coverage Age shown on the Policy Schedule.
2. The Insured must still be insurable pursuant to our underwriting standards.
3. If any Policy Loans existed when this policy Lapsed, they must be repaid or Reinstated with all loan interest that accrued to the date of Lapse.
4. A premium payment sufficient to cover the Monthly Deductions due when this policy Lapsed and to keep this policy in force for at least two months from the date of reinstatement must be made.

The Accumulation Value of the Reinstated policy will be equal to the Accumulation Value at the date of Lapse, plus the Net Premium you pay at reinstatement. The amount of loans on the Reinstated policy will be equal to the Policy Loan on the date of Lapse plus loan interest that accrued to the date of Lapse.

The Surrender Charges shown on the Policy Schedule may still be in effect, with the Policy Year being determined as if this policy had never Lapsed.

Any bonus payable is calculated based on the Policy Year as if this policy has never Lapsed. Any premium requirements for the years in which the Policy is Lapsed will be equal to zero.

The reinstatement will be effective as of the Monthly Anniversary Date following the date of our approval of the application for reinstatement.

POLICY VALUES

Accumulation Value

On the Policy Date, the Accumulation Value is Net Premium received on or prior to the Policy Date less the first Monthly Deduction. After the Policy Date, the Accumulation Value on any specified date is equal to (a) plus (b) less (c), where:

- (a) is the Accumulation Value on the last Monthly Anniversary Date plus accrued interest on the Accumulation Value from that date to the specified date;
- (b) is all Net Premium paid since the last Monthly Anniversary Date plus accrued interest on those Net Premiums from the date of receipt to the specified date; and
- (c) is any Gross Partial Surrender Amounts since the last Monthly Anniversary Date, plus interest accrued on the Gross Partial Surrender Amount from the date of Partial Surrender to the specified date.

On the Monthly Anniversary Date, the Accumulation Value will be reduced by the Monthly Deduction and increased by any applicable bonus.

The annual interest rate used to calculate the Accumulation Value will never be less than the guaranteed interest rate shown on the Policy Schedule. An interest rate in excess of the guaranteed rate may be applied to the unloaned Accumulation Value.

DUPLICATE

POLICY VALUES (continued)

Cash Value	You may take a loan for a portion of the Net Cash Value or take a Partial Surrender or Full Surrender of this policy. The Cash Value of this policy will not be less than the legal minimums of the state in which this policy is issued.
Monthly Deduction	<p>The Monthly Deduction will be subtracted from the Accumulation Value on the Monthly Anniversary Date.</p> <p>The Monthly Deduction is equal to (a) plus (b) plus (c), where:</p> <ul style="list-style-type: none"> (a) is the Monthly Mortality Cost Charge; (b) is the Monthly Rider Cost Charge if any, for attached Riders; and (c) is the Monthly Expense Charge shown on the Policy Schedule.
Monthly Mortality Cost Charge	<p>The Monthly Mortality Cost Charge for each Policy Month equals the total charges for that month for all Specified Amount Portions.</p> <p>The charge for a Specified Amount Portion for a Policy Month is equal to (a) multiplied by (b), where:</p> <ul style="list-style-type: none"> (a) is the Net Amount at Risk for the Specified Amount Portion for that month; and (b) is the Monthly Mortality Cost Charge rate that applies to the Specified Amount Portion for that month. <p>The Net Amount at Risk for a Specified Amount Portion for a Policy Month equals (a) less (b), where:</p> <ul style="list-style-type: none"> (a) is the Death Benefit associated with the Specified Amount Portion divided by 1.001652; and (b) is the Accumulation Value at the beginning of the Policy Month, before the Monthly Deduction for the month is subtracted. <p>In determining the Net Amount at Risk, we will first assume that the Accumulation Value is part of the Corridor Death Benefit, if any. Any excess of the Corridor Death Benefit over the Accumulation Value is associated with the Initial Specified Amount. The remaining Accumulation Value would then be allocated to the Initial Specified Amount. If the Accumulation Value is greater than the sum of the Corridor Death Benefit and Initial Specified Amount, we will next assume the Accumulation Value is part of each Specified Amount Increase in order, starting with the first increase.</p> <p>Any Gross Partial Surrender Amounts are assumed to reduce the Initial Specified Amount first, then each Specified Amount Increase in order, starting with the first increase.</p> <p>The Monthly Mortality Cost Charge rate for a Specified Amount Portion is based on the Premium Rate Class of the Insured that applied to that Specified Amount Portion.</p> <p>We may change our Monthly Mortality Cost Charge rates based on our future expectations of investment earnings, mortality, persistency, expenses and taxes. Any change we make will apply to all Specified Amount Portions in the same Premium Rate Class.</p> <p>The Monthly Mortality Cost Charge rates for standard Premium Rate Classes or better will not be greater than the rates shown in the Table of Guaranteed Maximum Standard Monthly Mortality Cost Charge Rates. Whenever the Death Benefit is equal to the Accumulation Value, the Monthly Mortality Cost Charge is zero.</p>

DUPLICATE

POLICY VALUES (continued)

Partial Surrender	Upon Notice, you may surrender a portion of this policy. The Partial Surrender is equal to the portion of the Net Cash Value that was surrendered.
Gross Partial Surrender Amount	<p>The Gross Partial Surrender Amount equals a Partial Surrender plus any applicable Partial Surrender Charge. The Gross Partial Surrender Amount will be subtracted from the Accumulation Value. The total of all Gross Partial Surrender Amounts is deducted from the Current Specified Amount in determining the Death Benefit as described in the Payment of Death Benefit provision.</p> <p>The Gross Partial Surrender Amount cannot be less than the Minimum Partial Surrender Amount shown on the Policy Schedule.</p> <p>A Gross Partial Surrender Amount may be necessary to preserve this policy's life insurance qualification pursuant to Section 7702 of the Internal Revenue Code.</p>
Full Surrender	This policy may be surrendered for its Net Cash Value. If this policy is surrendered within 30 days of a Policy Anniversary, the Net Cash Value will not be less than the Net Cash Value on that Policy Anniversary.
Policy Loans	<p>Policy Loans can be preferred or standard Policy Loans. Any Policy Loan and any new loans made in a Policy Year become a preferred Policy Loan if the conditions specified in the Policy Schedule are met. The interest rate charged on a loan is shown on the Policy Schedule.</p> <p>The maximum loan value available is the Cash Value at the end of the then current Policy Year, less any existing loans.</p> <p>If interest charged is not paid in advance as it is due, the interest will be added to the loan on the Policy Anniversary. If any unpaid Policy Loan equals or exceeds the Cash Value, this policy will terminate. Notification will be sent to you and any assignee of record at our home office, no later than 30 days prior to Termination. All Policy Loans will be subtracted from the Death Benefit upon Notice of the death of the Insured.</p> <p>The loan is secured by the portion of the Cash Value or Death Benefit equal to the loan.</p>
Loan Repayment	<p>A loan or portion thereof may be repaid at any time. If a loan payment is made, the payment must indicate that it is for the payment of the loan. If no indication is provided, the payment will be applied as premium.</p> <p>If the portion of the Net Cash Value is insufficient to cover the Monthly Deduction due plus any loan interest due that has not been paid in cash, this policy will enter the Grace Period, subject to the Guaranteed Policy Protection provision.</p>
Payment of Net Cash Value and Loans	We may delay paying the Net Cash Value, or making a new loan to you, for up to six months after Notice. We will not delay any loan made to pay premium due us.

DUPLICATE

POLICY CHANGES

Changes in Specified Amount

Subject to the following conditions, you may request a change in the Current Specified Amount anytime after the first Policy Anniversary, but not within one year after a Specified Amount Increase.

1. **Specified Amount Decreases** – Any decrease will become effective on the next Monthly Anniversary Date following Notice. Any decrease will reduce the Current Specified Amount in the following order:

- (a) the Specified Amount Portion provided by the most recent increase;
- (b) the next most recent increases successively; and
- (c) the Initial Specified Amount.

Any Specified Amount Decrease will be limited so that the remaining Current Specified Amount and Death Benefit will be at least the Minimum Current Specified Amount shown on the Policy Schedule. A Specified Amount Decrease may also be limited to preserve this policy's life insurance qualification pursuant to Section 7702 of the Internal Revenue Code. The qualification determination will be based on our interpretation of tax law.

2. **Specified Amount Increases** – All increase requests must be submitted for consideration on a supplementary application and is subject to evidence of insurability satisfactory to us. Any increase will become effective on the Monthly Anniversary Date following our approval. The supplementary application will become part of the contract and will apply solely to the increased amount.

An increase will not be approved unless the Net Cash Value is sufficient to cover the next Monthly Deduction. The Specified Amount Increase must at least equal the Minimum Specified Increase Amount shown on the Policy Schedule.

REDUCED PAID UP LIFE INSURANCE OPTION

If there is a Net Cash Value and we are provided Notice, this policy may be continued as non-participating life insurance for a reduced Current Specified Amount. The reduced coverage will begin on the due date of the Monthly Deduction. The reduced Current Specified Amount will be determined such that the net single premium that would fund the reduced paid-up benefits will be at least equal to the Net Cash Value on the due date of the Monthly Deduction using the Mortality Table Basis and the guaranteed interest rate shown on the Policy Schedule. Any insurance provided under Reduced Paid-Up Life Insurance may be surrendered for its net single premium of future benefits and any Policy Loan is subject to all Policy Loans provisions. If any unpaid Policy Loan equals or exceeds the net single premium of future benefits, this policy will terminate.

No insurance continued under this option will include additional benefits provided by any Rider attached to this policy.

BASIS OF VALUES

The Cash Value and paid-up nonforfeiture benefit of this policy will not be less than the legal minimums of the state in which this policy is issued. The Guaranteed Maximum Monthly Mortality Cost Charge Rates and the guaranteed interest rate are the basis for the Cash Value. Calculation of minimum Cash Value and nonforfeiture benefits is based on the mortality table basis and guaranteed interest rate shown on the Policy Schedule.

The method used to compute the minimum Cash Values and paid-up nonforfeiture benefit have been filed with the state of policy issue.

DUPLICATE

GENERAL PROVISIONS

Annual Report	We will send you a report at least annually which shows the premium payments, Monthly Deduction charges, interest credited to the Accumulation Value, and Gross Partial Surrender Amounts since the last report. It will also show any Policy Loan, the Accumulation Value, and current Net Cash Value.
Projection of Benefits	Upon Notice, we will furnish an illustration showing projected policy benefits and values based on current credited interest rates and costs. The illustration will be provided free of charge once each Policy Year. Each additional illustration requested within a Policy Year will require a charge of no greater than \$25.
Contestability	This policy and any attached Riders or Endorsements were issued based on the information you provided in the application. Any misrepresentations on the application may cause this policy to be voided or rescinded, or a claim to be denied. After this policy and any attached Riders or Endorsements have been in effect during the Insured's lifetime for a period of two years from the Policy Date, this policy shall become incontestable as to a misstatement made in the application. A reinstatement of this contract will be incontestable as to material misstatements in the reinstatement application after being in force during the Insured's lifetime for two years from the date of our approval of the application for reinstatement. After any Specified Amount Increase has been in effect for two years from the date the increase became effective, the increased amount will be incontestable, as to a misstatement made in the application for the increase. This provision does not apply to any Rider providing benefits specifically for disability or death by accident.
Suicide	We will be liable only for the premiums paid, less any Gross Partial Surrender Amounts and any Policy Loans, if the Insured dies by suicide while sane or insane within two years from the Policy Date. If the Insured commits suicide, while sane or insane within two years from the effective date of a Specified Amount Increase, the amount of the Death Benefit will not include the Specified Amount Increase. It will include a return of the Monthly Mortality Cost Charges for the increase and any additional expense charges we have deducted for the increase.
Misstatement of Age	If the Insured's age is misstated on the application, we will adjust the benefits for this policy and any additional benefit Riders or Endorsements covering the Insured. The adjusted Death Benefit will be the Accumulation Value plus the Net Amount at Risk that the last Monthly Deduction would have provided for the Insured's correct Age. The adjusted benefits for any additional benefit Riders covering the Insured will be those for which the last Monthly Deduction would have provided for the Insured's correct Age. If this policy has been continued as reduced paid-up pursuant to the Reduced Paid Up Life Insurance Option provision, the adjusted Current Specified Amount due to a Misstatement of Age will be determined based on what the current net single premium would fund at the correct Age.

A new Policy Schedule reflecting the correct issue age will be sent to you.

DUPLICATE

GENERAL PROVISIONS (continued)

Change of Premium Rate Class	<p>After the first Policy Anniversary and no more frequent than once annually, you may send Notice requesting a change of Premium Rate Class. Upon receipt of the Notice and receipt of evidence of insurability satisfactory to us that your health has sufficiently improved, we will allow a change in Premium Rate Class.</p> <p>A change in Premium Rate Class will be subject to the following conditions:</p> <ol style="list-style-type: none"> 1. you may be required to pay a fee for any evidence of insurability we may need to establish your health; such fee will not be greater than \$100; and 2. a Company approved healthcare practitioner must provide medical evidence of insurability. <p>If we approve a Premium Rate Class request, a new Policy Schedule will be issued to you. The Change of Premium Rate Class will be effective on the next Monthly Anniversary Date after our approval.</p>
The Entire Contract	<p>We have issued this policy in consideration of the application and the initial premium payment. A copy of the application is attached and is a part of this policy. This policy, any attached Endorsements, any attached Riders, and the application together are the Entire Contract. All statements made by or for the Insured are considered representations and not warranties. No statements other than those contained in the application will be used to void the contract or defend a claim.</p>
Who Can Make Changes in this Policy	<p>Only our President together with our Secretary have the authority to make any changes to this policy. Any change must be in writing.</p>
Assignment of this Policy	<p>You may assign or transfer all or specific ownership rights of this policy. An assignment will be effective upon Notice. We will record your assignment. We will not be responsible for its validity or effect, nor will we be liable for actions taken on payments made before we receive and record the assignment.</p>
Death of the Owner	<p>If you are not the Insured and you die before the Insured, your rights will pass to the executor or personal representative of your estate unless ownership has been otherwise assigned.</p>
Termination	<p>This policy will terminate at the earliest of:</p> <ol style="list-style-type: none"> 1. the date we receive your request for a Full Surrender; 2. the date the Insured dies; 3. the date of Lapse; or 4. the date the Current Specified Amount is equal to zero.
No Dividends are Payable	<p>This is a nonparticipating policy. This policy does not participate in our profits or surplus.</p>
Duplicate Policy	<p>Upon Notice, we will send a duplicate of this policy. A charge of no greater than \$25 may be assessed for the duplicate policy.</p>
Amendments	<p>We reserve the right to amend this policy in order to include any future changes which would retain this policy's qualification for treatment as a life insurance policy under the following:</p> <ol style="list-style-type: none"> 1. the Internal Revenue Code as amended; 2. Internal Revenue Service Rulings and Regulations; and 3. any requirements imposed by the Internal Revenue Service.

DUPLICATE

SETTLEMENT PROVISIONS

Settlement Provisions

When the Insured dies, we will pay the Death Benefit in a lump sum unless a settlement option is chosen.

During the lifetime of the Insured, you may choose a settlement option for the Beneficiary. The Beneficiary may choose a settlement option if:

1. you have not selected a settlement option payment prior to the Insured's death; and
2. settlement option payments have not begun.

If the Beneficiary is not an individual, our approval is required for settlement option elections.

Settlement option payments will be paid to the Beneficiary for Death Benefit settlements. The settlement option payments will be based on the Annuitant's life, where applicable. For Death Benefit settlements the Beneficiary is the Annuitant.

While the Insured is living, you may choose one of the settlement options as a method of receiving the Net Cash Value. Settlement option payments will be paid to you. Under this option, the Insured is the Annuitant.

The guaranteed settlement payments will be based on 1% interest and the Annuity 2000 Mortality Table. All settlement payments will be based on the interest rate declared for settlement payments, which will not be less than the guaranteed settlement interest rate.

Upon Notice, we will apply the benefit according to settlement options listed below. Options other than Options A – D, may be arranged with our agreement. We may request proof of the Annuitant's or the named survivor's age. There must be at least \$1,000 available for a settlement option and each installment payment must be at least \$25. If the benefit is insufficient to meet these requirements, the benefit will be paid in a lump sum.

If the owner dies prior to receiving all guaranteed payments under Options A, B or C, the remaining benefit will be paid to the owner's estate unless a contingent owner is named.

If the Beneficiary dies prior to receiving all guaranteed payments under Options A, B or C, the remaining benefit will be paid to the Beneficiary's estate.

OPTION A: Installments for a Guaranteed Period

We will pay equal installments for a guaranteed period of five to thirty years. If the Death Benefit is paid in installments over a minimum of 10 years, the Death Benefit will be increased by 10%. Each installment will consist of part benefit and part settlement interest. The installments will be paid as requested as monthly, quarterly, semi-annually or annually. See Table A.

OPTION B: Installments for Life with a Guaranteed Period

We will pay equal installments as long as the Annuitant is living. We will make payments for at least the guaranteed period. The Death Benefit will increase by 10% if paid under this Option. The installments will be paid as requested as monthly, quarterly, semi-annually or annually. See Table B.

OPTION C: Installments of a Selected Amount

We will pay installments of a selected amount until we have paid the entire benefit and accumulated settlement interest. The installments must be for at least five years and no more than 30 years. If the Death Benefit is paid in installments over a minimum of 10 years, the Death Benefit will be increased by 10%.

OPTION D: Joint and Survivor Annuity

We will pay equal installments as long as either the Annuitant or named survivor are living. The Death Benefit will increase by 10% if paid under this Option. We will pay the installments as requested as monthly, quarterly, semi-annually or annually. See Table C.

Misstatement of the Annuitant's Age

If there is a misstatement of the Annuitant's age, we will adjust the payments to the amount that the surrender or settlement proceeds would have purchased at the correct age. The Annuitant's age is determined as of his or her last birthday. Any underpayment as a result of such misstatement must be paid immediately in one sum. Any overpayment will be deducted from the current or succeeding payments due under this policy.

DUPLICATE

SETTLEMENT PROVISIONS (continued)

Purchase Rate Tables are based on 1% interest and the Annuity 2000 Mortality Tables. Values for Annuitant ages and minimum guaranteed periods not shown will be furnished upon Notice.

TABLE A INSTALLMENTS FOR EACH \$1,000 PAYABLE UNDER OPTION A					
Guarantee Period	Monthly Installments	Guarantee Period	Monthly Installments	Guarantee Period	Monthly Installments
5	17.08	14	6.37	23	4.05
6	14.30	15	5.98	24	3.90
7	12.32	16	5.63	25	3.76
8	10.83	17	5.33	26	3.64
9	9.68	18	5.05	27	3.52
10	8.75	19	4.81	28	3.41
11	7.99	20	4.59	29	3.31
12	7.36	21	4.40	30	3.21
13	6.83	22	4.22		

TABLE B MONTHLY INSTALLMENTS FOR EACH \$1,000 PAYABLE UNDER OPTION B									
Age on Date of Settlement	Male Annuitant Guarantee Period		Female Annuitant Guarantee Period		Age	Male Annuitant Guarantee Period		Female Annuitant Guarantee Period	
	10 Years	20 Years	10 Years	20 Years		10 Years	20 Years	10 Years	20 Years
50	3.00	2.92	2.77	2.73	66	4.65	4.00	4.23	3.84
51	3.07	2.98	2.83	2.78	67	4.80	4.07	4.37	3.91
52	3.14	3.04	2.89	2.84	68	4.95	4.13	4.52	3.99
53	3.22	3.11	2.96	2.90	69	5.11	4.18	4.67	4.06
54	3.30	3.17	3.03	2.96	70	5.28	4.24	4.83	4.13
55	3.38	3.24	3.10	3.02	71	5.45	4.29	5.00	4.19
56	3.47	3.30	3.18	3.09	72	5.62	4.33	5.18	4.25
57	3.56	3.37	3.26	3.16	73	5.80	4.37	5.37	4.30
58	3.66	3.44	3.35	3.23	74	5.98	4.41	5.56	4.35
59	3.76	3.51	3.44	3.30	75	6.17	4.44	5.76	4.39
60	3.87	3.59	3.53	3.37	76	6.35	4.47	5.96	4.43
61	3.99	3.66	3.63	3.45	77	6.53	4.49	6.17	4.46
62	4.11	3.73	3.74	3.53	78	6.72	4.51	6.38	4.49
63	4.23	3.80	3.85	3.60	79	6.90	4.53	6.59	4.51
64	4.36	3.87	3.97	3.68	80	7.07	4.55	6.79	4.53
65	4.50	3.94	4.10	3.76					

TABLE C MONTHLY INSTALLMENT PER \$1,000 PAYABLE UNDER OPTION D							
Age of Male on Date of Settlement	Age of Female on Date of Settlement						
	50	55	60	65	70	75	80
50	2.49	2.63	2.74	2.84	2.90	2.95	2.98
55	2.58	2.76	2.94	3.09	3.21	3.29	3.35
60	2.65	2.88	3.12	3.34	3.54	3.69	3.80
65	2.70	2.97	3.27	3.58	3.89	4.16	4.36
70	2.73	3.03	3.38	3.78	4.22	4.64	5.01
75	2.75	3.07	3.46	3.93	4.50	5.11	5.70
80	2.76	3.09	3.51	4.04	4.70	5.50	6.37

DUPLICATE

GUARANTEED MAXIMUM MONTHLY MORTALITY COST CHARGE RATES

The Monthly Mortality Cost Charge rates for each Policy Month will not be more than the amount shown in the table below multiplied by the Table Multiplier shown on the Policy Schedule plus any specified Flat Extras shown on the Policy Schedule. The table is based on the Insured's Age last birthday at the beginning of each year (attained Age), the Insured's gender and whether or not the Insured has qualified for the nontobacco classification. For the Initial Specified Amount, the Insured's attained Age is determined at the beginning of each Policy Year. For each Specified Amount Increase, attained Age is determined at the beginning of each year measured from the date the increase took effect.

Table of Guaranteed Maximum Standard Monthly Cost of Insurance Rates per \$1,000 Net Amount at Risk												
<u>Male</u>		<u>Female</u>	<u>Male</u>		<u>Female</u>	<u>Male</u>		<u>Female</u>	<u>Male</u>		<u>Female</u>	
Att. Age	Standard*	Standard*	Att. Age	Standard Nontobacco	Standard Tobacco*	Standard Nontobacco	Standard Tobacco*	Att. Age	Standard Nontobacco	Standard Tobacco*	Standard Nontobacco	Standard Tobacco*
0	0.06	0.04	30	0.09	0.15	0.06	0.09	65	1.36	2.34	0.97	1.78
1	0.04	0.03	31	0.08	0.15	0.06	0.10	66	1.50	2.53	1.05	1.92
2	0.03	0.02	32	0.09	0.15	0.06	0.10	67	1.63	2.71	1.14	2.07
3	0.02	0.02	33	0.09	0.16	0.07	0.11	68	1.78	2.90	1.24	2.24
4	0.02	0.02	34	0.09	0.16	0.07	0.12	69	1.94	3.11	1.36	2.43
5	0.02	0.02	35	0.09	0.17	0.08	0.13	70	2.14	3.35	1.48	2.64
6	0.02	0.02	36	0.10	0.18	0.08	0.14	71	2.37	3.64	1.63	2.87
7	0.02	0.02	37	0.10	0.19	0.09	0.15	72	2.64	3.99	1.78	3.13
8	0.02	0.02	38	0.11	0.21	0.09	0.16	73	2.93	4.34	1.96	3.41
9	0.02	0.02	39	0.12	0.22	0.10	0.17	74	3.24	4.72	2.15	3.71
10	0.02	0.02	40	0.13	0.24	0.10	0.18	75	3.59	5.14	2.36	4.02
11	0.02	0.02	41	0.14	0.27	0.11	0.20	76	3.97	5.62	2.60	4.36
12	0.03	0.02	42	0.15	0.29	0.12	0.21	77	4.42	6.17	2.85	4.73
13	0.03	0.03	43	0.17	0.33	0.13	0.23	78	4.95	6.80	3.14	5.13
14	0.04	0.03	44	0.18	0.36	0.14	0.25	79	5.55	7.51	3.45	5.56
15	0.06	0.03	45	0.20	0.40	0.15	0.27	80	6.22	8.29	3.84	6.10
16	0.07	0.03	46	0.22	0.44	0.16	0.30	81	6.96	9.13	4.32	6.77
17	0.07	0.03	47	0.24	0.47	0.18	0.34	82	7.74	10.00	4.83	7.46
			48	0.25	0.49	0.20	0.38	83	8.61	10.94	5.38	8.18
			49	0.27	0.52	0.22	0.43	84	9.59	12.02	5.99	8.93
			50	0.29	0.56	0.25	0.48	85	10.69	13.26	6.61	9.63
			51	0.31	0.61	0.27	0.53	86	11.92	14.63	7.35	10.44
			52	0.35	0.67	0.31	0.59	87	13.28	16.11	8.28	11.47
			53	0.39	0.75	0.34	0.66	88	14.74	17.68	9.26	12.51
			54	0.43	0.84	0.37	0.73	89	16.31	19.34	10.26	13.47
			55	0.49	0.93	0.41	0.80	90	17.90	20.97	11.00	14.03
			56	0.54	1.03	0.45	0.88	91	19.50	22.55	11.72	14.48
			57	0.60	1.12	0.50	0.96	92	21.21	24.21	12.92	15.48
			58	0.65	1.21	0.55	1.04	93	23.05	25.96	14.58	16.91
			59	0.71	1.31	0.59	1.13	94	25.04	27.87	16.70	18.95
			60	0.79	1.44	0.65	1.22	95	27.07	29.85	19.07	21.43
			61	0.88	1.59	0.70	1.32	96	29.09	31.77	21.47	23.86
			62	0.99	1.77	0.76	1.43	97	31.31	33.85	23.07	25.34
			63	1.11	1.96	0.82	1.53	98	33.75	36.10	23.96	25.94
			64	1.23	2.15	0.89	1.65	99	36.43	38.55	25.83	27.58
								100+	0.00	0.00	0.00	0.00

*RECLASSIFICATION. At least 30 days before the Insured attains Age 18, we will notify you that the Insured will be reclassified at a tobacco or nontobacco status. We will include any forms we need to process the reclassification. For the Insured to be classified as nontobacco, we will require satisfactory evidence that the Insured meets our requirements for the nontobacco classification. If the Insured qualifies for the nontobacco classification, nontobacco rates will apply for Policy Years beginning on and after the date of approval. If the Insured does not qualify for the nontobacco classification or we do not receive the completed reclassification forms, tobacco rates will apply for Policy Years beginning at Age 18.

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

(800) 950-1962

DUPLICATE

Death Benefit payable to the Beneficiary upon death of the Insured if this policy is in force. Net Cash Value payable to you upon Full Surrender. Flexible premium may be paid until the death of the Insured as described in this policy. This policy is nonparticipating; no dividends are payable on this policy.